

**DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES  
DIVISION OF CHILD MENTAL HEALTH SERVICES  
ADMISSION TO OUTPATIENT SERVICES**

**GENERAL DIRECTIONS:**

The application form for outpatient services summarizes the EPSDT/DCMHS Screen to establish clinical eligibility, insurance and income information necessary to establish financial eligibility. It also provides required demographic information necessary for DCMHS to open a case. **Every question must be asked of the client/family and answered on the form. "Not applicable (NA)" and "Don't Know (DK)" are not acceptable.**

There are separate forms for mental health and substance abuse services. These are essentially the same except for the last part of page 3.

**New Case**

**Reopened Case**

Check only *one* of the three possible case status contingencies:

Check *New Case* if this particular client has never been an identified client with this provider.

Check *Reopened Case* if this particular client has been an identified client with this provider.

**Date**

Write the DD/MM/YY that this form is being completed. This should be the date of the first appointment

**Agency**

If the therapist works for a contracted agency or practice, print the *name of the agency or practice* on this line. If the therapist is in private practice and is contracted by DCMHS print *private practice* on this line.

**Therapist Name**

Print the name of the primary therapist, the one who is requesting authorization, on this line. This therapist must be on the DCMHS outpatient panel prior to applying for authorization. (See Human Resources Form)

**Telephone**

List the number where the therapist may be reached by the DCMHS managed care team.

**FAX**

List the telephone number to which DCMHS may FAX authorization to the therapist/agency.

**Client Name**

The client is the child or adolescent for whom services are being requested. The name of the client must not deviate from the legal name listed on the birth certificate, unless the name has been legally changed. Print the child's last name (legal name only). Then complete the first name of the child. Do not use nicknames or shortened forms. Only one client name should be on each form.

**DOB**

Print the DD/MM/YY of the client's birth.

**Address**

Print the full address of the residence where the child currently lives. The child is or will be attending outpatient appointments from this location.

**County (of Legal Residence)**

Circle NC if the above address is in New Castle County.

Circle K if the above address is in Kent County.

Circle S if the above address is in Sussex County.

Circle *Other* if the above address is not in the State of Delaware

**Telephone #1** Enter the number at which the client and/or family member responsible for outpatient appointments can most often be reached. Note if this is a daytime number or an evening number.

**Telephone #2** Enter the number at which the client and/or family member responsible for outpatient appointments can most often be reached when not at the first number. Note if this is a daytime number or an evening number.

**SSN (Social Security Number)**

List the complete SSN for the child who is the identified client.

The following two pieces of information are critical for DCMHS to measure the length of time the client waited for services. Sometimes a client enters/reenters services over time at the same agency. If a client is a past client who is returning to service, a *new referral date* and a *new admission date* should be entered.

**Referral Date** Enter the date on which the agency or practice first received a call requesting service for *this service episode*.

**Admission Date** Enter the date of the first session for this service episode.

- includes, for example, China, India Japan, Korea, the Philippine Islands and Samoa
- 03 **Black/African American** - A person having origins in any of the original peoples in the black racial groups of Africa
- 04 **White** - A Caucasian person having origins in any of the original peoples of Europe (including Portugal), North Africa or the Middle East
- 05, 06, 07 **Mixed Categories** - In some instances a child is the product of a relationship between parents of different racial groups. In this case, where the child or family identifies the child's race as one of mixed origins, check one of the appropriate categories. If the presenting mix is not given as a choice, choose "Other" and note the explanation.
- 09 **Other** - This is a default category for use in instances in which the client is not classified above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories. If this category is used, the specific racial class must be specified on the form.

**Ethnicity (US Census Categories)**

The Division of Child Mental Health Services acknowledges that there are many ethnic categories. DCMHS collects data on certain ethnic backgrounds in order to study issues of service accessibility, appropriateness, equity and language. These data are used for program planning purposes.

For the purpose of this data form, clients will be first identified by their racial heritage, as specified in the previous section, and then be identified as Hispanic, Haitian or non-Hispanic using the choices given below.

- 01     Hispanic-Mexican A person of Mexican origins regardless of race
- 02     Hispanic-Puerto Rican A person of Puerto Rican origins regardless of race
- 03     Hispanic-Cuban A person of Cuban origins regardless of race
- 04     Other Hispanic - A person from Central or South America and other Spanish cultures and origins (including Spain)
- 05     Haitian - A person of Haitian origins regardless of race.
- 06     Not of Hispanic or Haitian Origins - A person having his/her origins in other than Hispanic countries or in Haiti.

### **Sex**

Check 01 if the client is Female. Check 02 if the client is Male.

### **Clinical Eligibility - DCMHS/EPSTD Screen**

This section is only a place to summarize the results of the DCMHS/EPSTD Form. The therapist may leave this section blank *if a fully completed screen is being submitted with this application*. A full copy of the DCMHS/EPSTD Screen may be found in this document.

Child's Problems, Current:

List all the numbers checked on this section of the screen. Separate the numbers with commas.

Child's Problems, Past:

List all the numbers checked on this section of the screen. Separate the numbers with commas.

Problems in Child's Environment, Current:

List all the numbers checked on this section of the screen. Separate the numbers with commas.

Problems in Child's Environment, Past:

List all the numbers checked on this section of the screen. Separate the numbers with commas.

### **Annual Income (Mother)/Annual Income (Father)**

Write the total annual income for each parent whether or not the client is living with that parent.

### **Insured (Mother/Insured(Father)**

Check *yes* if the parent has health insurance whether or not it covers the client.

Check *no* if the parent does not have health insurance.

### **Insurance Covers Client**

Check *M* if only the mother's health insurance covers the client.

Check *F* if only the father's health insurance covers the client.

Check *Both* if both the mother's and the father's health insurance covers the client.

Check *no* if neither the mother's nor the father's health insurance covers the client.

### **Company**

If there is any health insurance that covers the client (mother, father, or other individual):

*Company*             Print the name of the insurance company.

*Policy #*             List the number of the policy under which the client is insured.

*Policy Holder*     Print the full name of the person (mother, father, or other) who holds this insurance policy.

*Amount Per Hour/Session* - This is calculated adding all family resources, e.g., insurance payment for session, family contribution for each session, etc. and deducting this from the per-hour payment as listed in the DCMHS contract.

**Medicaid Available to the Client**

On the first line, check whether or not someone carries health insurance on the client.

If yes:

*Medicaid Number*  
*MCO*

Write the full Medicaid Number  
Print the name of the Managed Care Organization that covers the client. If is currently no MCO, explain.

**Family Size**

Enter the number of family members who live in the residence who are considered part of the client's family.

**Annual Household Income**

Unless parental rights have been terminated, this section applies to income of the parent(s) or legal guardian(s) of the child, excluding the child's income.

1. Adult/parent earned income.
2. Alimony and/or child-support payments, and any other unearned income

**Fee per Session to be Paid by Family**

Client co-pay may not be charged to Medicaid clients.

Using the agency sliding scale fee schedule, calculate the fee to be contributed by the family. If this fee is other than what has been established directly from the sliding scale fee schedule, an explanation must be included.

**Fluency in English**

In order to provide effective treatment to youth and their families, it is important that the therapist and family members are able to communicate directly [without the assistance of an interpreter \*]. While it is not always possible to provide bi-lingual therapists, every effort to accommodate a family's communication needs should be made.

In the event that a family member whose participation is essential to the achievement of treatment objectives has little or no fluency in the English language, or communicates only in sign, it is essential for the agency to make efforts to provide a therapist who is fluent in the appropriate language or in sign. If this cannot be provided by the agency, a call should be made to the DCMHS Nonresidential Services Program Administrator (633-2593) to assist in treatment planning.

01 **Fully Fluent (English)**

A person who speaks English as their only language (regardless of proficiency) or lives in or was raised in a non-English environment but who would be capable of effectively using English during treatment activities.

02 **Partially Fluent (English) \***

A person can make simple requests, answer basic questions about themselves in English but who would have difficulty communicating in English during treatment activities. In this case, list the person's preferred language for treatment.

03 **No Fluency (English) \***

A person who is incapable of or has difficulty making simple requests and answering questions about themselves in English.

04 **Hearing Impairment \* - Uses Sign for Communication**

A person uses sign as his/her main method of communication with others.

### **Grade Last Completed**

Enter the last grade completed and passed by the client. (not the current grade of the child.)

If the client has not yet attended school, enter 00.

If the client completed Kindergarten only, enter K.

If the client was in an un-graded educational setting, enter UN.

### **Now in Grade**

Enter the current grade in which the client is enrolled.

If the client is not now in school, enter 00.

If the client is in Kindergarten, enter K.

If the client is presently in an un-graded educational setting, enter UN.

### **Name of Current School**

Enter the school (not district) in which the client is enrolled. This should include private school.

Or

Check one of the conditions in which the child is not in school:

- *under school age*, not in school yet indicates that the client is below the age for enrollment in a school program
- *expelled* indicates that the client was removed from the roll by school administration for disciplinary or other circumstances
- *withdrew* indicates that the client dropped out of school with parental permission prior to graduating
- *Other* If this option is chosen, the person completing the form should specify what the exception is
  - Possible other situations in which a client would not be in school are:
    - a. If the client has already graduated from high school (prior to age 18) but is still eligible for DCMHS services
    - b. If the client has withdrawn from one school but has not yet enrolled in another school. [This could occur in the case of migrant workers, or if the client has moved. This should be used only if more than one month has elapsed between withdrawal from one school and enrollment in another.]

### **Educational Classification**

This classification refers to the child's educational classification as defined by the school system. If the parent or child is unsure of the classification, the child's school district must be contacted for accurate information after the parent or legal guardian has signed a release form. If the child is not in school, check the classification that was last available. "None" should be checked only if a child has not yet attended school.

### **School District**

The purpose of this item is to ascertain which school district has the legal mandate to provide free and appropriate public education for the client. The Department of Education (DOE) makes decisions about this mandate based on the residence of the parents.

- In most instances, the residence of the custodial parent mandates the school district. In the case of joint custody, where both parents are residents of Delaware, but live in different school districts, the parent with whom the client resides most of the time, and where the client is enrolled as a student would define the district.
- If the child has not yet attended school, circle the district in which the parent resides.

- If the child attends a private school or attends school in a facility such as a self-contained RTC or day hospital, circle the school district in which the parent or legal guardian resides.
- If the client is in the custody of DFS but parental rights have not been terminated, the district is still defined by the residence of the parent(s) if the parents' whereabouts are known. [Example: The only available parent was a father in prison - Smyrna school district was determined to be the district legally responsible for the education of the child.] These are very rare cases, and are usually used only when the special education needs of a child dictate alternative educational services.
- If parental rights have been terminated (TPR) and parental rights reside with the state (DFS), the school district is listed as the one in which the child resides, including residential treatment centers (RTC).

### **Marital Status**

Circle the number that indicates the marital status of the child (not the parent). Some youth under the age of 18 may be married, but in the majority of clients "never married" will be the appropriate choice. Indicate whether the child/client is pregnant and/or whether he/she has children now.

### **Residential Arrangement**

This refers to the type of living arrangement the client was in immediately prior to admission. Psychiatric hospitals, general hospitals, de-tox facilities and other residential substance abuse treatment centers are not considered residences. In the event that a client is in one of these facilities and will not be returning to the family/home in which he/she were living, the question of where the client will live after discharge should be asked.

- 01 Both Parents or Legal Guardians The client is living in a two-parent family which includes both birth parents or a legal guardian and his/her spouse. Legal guardianship is established by court order. This does not include informal living arrangements in which the client resides.
- 02 Single Parent or Legal Guardian The client is living in a single parent household. The "parent" is either the birth parent or the legal guardian stipulated by the court.
- 03 Parent/Step-Parent The child lives in a two parent family. One parent is the birth parent and the second parent is the person with whom the parent is living in a spousal relationship. (This includes non-traditional families such as two parents of the same sex.)
- 04 Relative/DFS Arranged The client is currently living with a relative in a separate residence from the birth parent(s). This has been arranged by DCPS and does not include informal family-arranged alternative residence for the client.
- 05 Relative/Family Arranged The client is living with relative or family friend in a separate residence from the birth parent(s). This is an informal arrangement and no legal action has yet been taken to secure legal guardianship.
- 06 Foster Family This is a non-related foster family usually identified by DFS .
- 07 Group Home The child is living in an out-of-home placement that is an established group living program.

Use the following choices only in the case in which parental rights have been terminated by the court (TPR), parental rights reside with the state and when the child is considered to be "homeless" in that he/she has been institutionalized for one year or more, and no plans have yet been made to return him/her to the community.

- 08 CMH Residential The Residential Treatment Centers (RTC's) are: Brenford Place, Middletown RTC, Iron Hill RTC, Seaford House RTC, Red Lion RTC and Terry Center RTC
- 09 YRS Residential This could be a secure or non-secure detention, Ferris School or a Ferris School alternative.
- 10 Other Institution Any not listed above. This could include a DDD group home, Stockley Center or residential school.

### **Parental Rights**

Parents are considered to have sole rights to approve treatment of a minor child unless an action of the court has given parental rights/guardianship to another person or agency. (Youth age 12 and over have the legal rights to consent to substance abuse treatment although DSCYF encourages involvement of parent whenever possible) On the form, enter the person who has parental rights (even if this is an admission to substance abuse treatment) with regard to the clients.

- 01 Parent(s) Both living parents have sole parental rights unless a court order has transferred custody to only one parent or to another person or agency. This category also includes joint custody arrangement after parents' divorce.

In the case of divorce and/or in situations in which parental rights has been awarded legally by the court to only one parent or family member the next categories should be used.

- 02 Mother Only Custody has been awarded to the mother.
- 03 Father Only Custody has been awarded to the father.
- 04 Legal Guardian Another individual has been awarded custody by the court. The agency should request a copy of the court order

In cases of parental abuse or neglect, or when a youth has been adjudicated delinquent and incarcerated, the court may temporarily place a youth in custody of a state agency.

- 05 Other Under certain limited conditions, a DFS worker or other family caretaker may sign consent for the treatment of a minor child if the parent or legal guardian cannot be located.

### **Referral Source**

**Note that the Truancy Court Yes-No question is mandatory and authorization will not be provided unless either "Yes" or "no" is checked.**

Follow the rest of the directions as they appear on the admission form. If you check "other," note the referent on the space provided.

### **Parent Signature**

Parents must be informed by outpatient agencies that they are receiving financial assistance from the State of Delaware Division of Child Mental Health Services, and that there is a cost associated with these services. DCMHS believes that assuming cost of some portion of a child's treatment is a clinical issue and that, unless the client is receiving services under Medicaid, that the parent should pay something, no matter how little, for the services. Children, however, may not be refused DCMHS outpatient services by a parent's unwillingness or inability to pay.

## MENTAL HEALTH ADMISSION FORMS

### **DCMHS/EPSTD Screen Problems to be Listed on the Treatment Plan**

Please note that this section is used to assess client outcome. It is related to a section on the DCMHS Discharge Form. The intent is to choose specific issues to be addressed in treatment and then to measure progress on that treatment at discharge. It is important to be clear and accurate in providing this information.

Of the problems listed on the EPSTD Screen, choose up to three problems that will be addressed in treatment and which will be measured for client outcome.

### **DSM-IV Diagnosis**

Using the criteria specified in Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) published by the American Psychiatric Association.(DSM-IV) list the diagnosis most appropriate to the presenting problems and those EPSTD items which will be the focus of treatment.

#### *Axis I and II*

Both the name of the diagnosis and the code must be entered for Axis I and Axis II. If there is no diagnosis or if the diagnosis is being deferred by the therapist, the code for those contingencies as stipulated in DSM-IV should be used.

Note: It is expected that clients receiving mental health treatment may also have substance abuse problems. If the level of substance abuse is significant, an appropriate referral to a substance abuse treatment agency is expected. The Primary Diagnosis in mental health agencies should be a mental health diagnosis, although the secondary diagnosis may be one of substance abuse.

#### *Axis III*

This does not have to be a ICD-9CM Code. The therapist may specify general medical conditions.

#### *Axis IV*

List current psycho-social stressors

#### *Axis V*

Global Assessment of Functioning (GAF) is found on page 32 of the DSM-IV



## SUBSTANCE ABUSE ADMISSION FORMS

Please note that this section is used to assess client outcome. It is related to a section on the DCMHS Discharge Form. The intent is to choose specific issues to be addressed in treatment and then to measure progress on that treatment at discharge. It is important to be clear and accurate in providing this information.

### **Primary, Secondary and Tertiary Substances of Abuse**

Find the code number below and write the number on the line.

Primary Substance of Abuse - This is the substance the client would prefer if he/she has a choice.

Secondary Substance of Abuse - This is the client's second choice if he/she could not get the first substance

Tertiary Substance of Abuse - This would be the client's third choice if he/she could not get his/her first two choices.

01	None	12	Other stimulants
02	Alcohol	13	Benzodiazepine
03	Cocaine/Crack	14	Other tranquilizers
04	Marijuana/Hashish	15	Barbiturates
05	Heroin	16	Other sedatives or hypnotics
06	Non-prescription methadone	17	Inhalants
07	Other opiates and synthetics	18	Over-the-counter
08	PCP	20	Other
09	LSD	21	Other Hallucinogens
10	Methamphetamine	97	Unknown
11	Other Amphetamine	98	Not collected

Route of Administration - How does the client administer the substance?

01	Oral
02	Smoking
03	Inhalation
04	Injection (IV or Intramuscular)
20	Other
97	Unknown
98	Not collected

Frequency of Use - Find the number on the back of the page that tells how often the client uses this drug

	No past month use
02	1-3 times in the past month
03	1-2 times per week
04	3-6 times per week
05	Daily
97	Unknown
98	Not collected

Age of First Use - Write the age of the first time the client says he/she used this drug. Round to the closest year.

## **DSM-IV Diagnosis**

Using the criteria specified in Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) published by the American Psychiatric Association.(DSM-IV) list the diagnosis most appropriate to the presenting problems and those EPSDT items which will be the focus of treatment.

### *Axis I and II*

Both the name of the diagnosis and the code must be entered for Axis I and Axis II. If there is no diagnosis or if the diagnosis is being deferred by the therapist, the code for those contingencies as stipulated in DSM-IV should be used.

Note: It is expected that clients receiving substance abuse treatment may also have mental health problems. If the mental health problems are significant, an appropriate referral to a mental health treatment provider is expected, unless the provider has been certified by DCMHS as competent to treat dually diagnosed youth. The Primary Diagnosis in substance abuse agencies should be a substance abuse diagnosis, although the secondary diagnosis may be one of substance abuse.

### *Axis III*

This does not have to be a ICD-9CM Code. The therapist may specify general medical conditions.

### *Axis IV*

List current psycho-social stressors

### *Axis V*

Global Assessment of Functioning (GAF) is found on page 32 of the DSM-IV